

SECTION 3- INFORMATION ABOUT YOUR MEDICAL RECORDS, continued

3.C. List other names, if any, that you have used on your medical records within the last 12 months.

3.D. List each DOCTOR/HMO/THERAPIST/OTHER PERSON who has treated you within the last 12 months. Also, provide this information for any future appointment(s).

1. NAME

DATES

ADDRESS

First Visit (within last 12 months)

CITY

STATE

ZIP

Last Visit

PHONE

() -
(area code) (phone number)

PATIENT ID# (if known)

Next Appointment

Reasons for visits

What treatment was received?

2. NAME

DATES

ADDRESS

First Visit (within last 12 months)

CITY

STATE

ZIP

Last Visit

PHONE

() -
(area code) (phone number)

PATIENT ID# (if known)

Next Appointment

Reasons for visits

What treatment was received?